



## Authorization for Release of Protected Health Information

Patient Name : Markcus A Kitchens Date of Birth: [REDACTED]

Phone: [REDACTED]

I request that my protected health information (PHI) be ☒ disclosed to ☐ obtained from: ☒ Disclosure to patient

Recipient Name: Dr. Markcus Kitchens

Address: 625 Hamplon Way Apt 2 City: Richmond State: KY Zip: 40475

E-mail Address: [REDACTED] Phone: [REDACTED]

Fax: (healthcare provider only): \_\_\_\_\_

I authorize the following PHI to be released from my medical record(s):

☒ All Records Pertinent to Continuing Primary Care covering the period of healthcare from: 08/01/2012 to 01/31/2023  
(Please use specific dates)

*I understand that my protected health information may include information related to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS) or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health service and treatment for drug and alcohol abuse.*

Or Specify: Date Range: 08/01/2012 to 01/31/2023

☐ Exclude specific records (please specify) \_\_\_\_\_

☒ ONLY White House Clinics records

☒ Records Regarding Treatment of Specific Illness, Condition, or Injury (please specify) See other

☒ All Pharmacy Records

☒ Specific Records Regarding Behavioral Health Treatment: ☒ Treatment Plans ☒ Initial Eval ☒ Progress Notes

Specific Dates: 08/01/2012 to 01/31/2023 Reviewed and Approved by: \_\_\_\_\_

☐ Other: (please specify) \_\_\_\_\_

Purpose for Requesting Information: ☐ Legal ☐ Insurance ☒ Personal ☐ Continuation of Care ☐ Other (please specify): \_\_\_\_\_

Disclosure Format (Paper is default if not marked.):

☐ Paper (within 10 days) ☐ Fax ☒ Secure E-mail ☐ CD (within 3 business days) ☐ Patient Portal ☐ Other (please specify): \_\_\_\_\_

By signing this authorization form, I confirm I have been made aware of the rights and conditions listed on the back of this form:

[Signature]

Patient or Authorized Representative

01/31/2023

Signature Date

Markcus A Kitchens

Print Name

Relationship to Patient (if other than self)

Witness Signature (Verified by)

Witness Signature Date

<input type="checkbox"/> Richmond Location:	401 Highland Park Drive, Richmond, Kentucky 40475	Phone: (859) 626-7700	Fax: (859) 626-7703
<input checked="" type="checkbox"/> Berea Location:	104 Legacy Drive, Berea, Kentucky 40403	Phone: (859) 986-2323	Fax: (859) 986-7728
<input type="checkbox"/> Berea Primary Care Location:	305 Estill Street, Berea, Kentucky 40403	Phone: (859) 985-1415	Fax: _____
<input type="checkbox"/> McKee Location:	1010 Main Street South, McKee, Kentucky 40447	Phone: (606) 287-7014	Fax: _____
<input type="checkbox"/> Irvine Location:	30 Stacy Lane Road, Irvine, Kentucky 40336	Phone: (606) 723-0665	Fax: _____
<input type="checkbox"/> Mt. Vernon Location:	116 Progress Drive, Mt. Vernon, Kentucky 40456	Phone: (606) 256-2143	Fax: _____
<input type="checkbox"/> Paint Lick Location:	480 Main Street, Paint Lick, Kentucky 40461	Phone: (859) 925-2444	Fax: _____
<input type="checkbox"/> Lancaster Location:	89 Farra Drive, Lancaster, Kentucky 40444	Phone: (859) 792-2153	Fax: _____

**DEFENDANT'S  
EXHIBIT**

**7**

White House Clinics  
1010 Main Street South

Mc Kee, KY 404477089

Patient: Marcus Kitchens  
Date of Birth: XXXXXXXXXX  
Report Date: 01/31/2023  
Address: 238 Marcelus Dr APT 2  
Berea, KY 40403

Immunization Allergies

Allergy	Status
Egg Allergy	No
Neomycin Allergy	No
Latex Allergy	No
Gelatin Allergy	No

Immunizations:

Vaccine Group	Dose	Vaccine Status	Date Administered	Vaccine Name	Vaccine Brand
DTaP	1	Administered	03/16/1992	DTaP	
DTaP	2	Administered	05/26/1992	DTaP	
DTaP	3	Administered	07/28/1992	DTaP	
DTaP	4	Administered	05/26/1993	DTaP	
DTaP	5	Administered	02/28/1996	DTaP	
Hep A	6	Administered	04/01/2013	hep A (ped/adol, 2 dose)	
Hep B	7	Administered	11/17/1992	hep B (ped/adol, 3 dose)	
Hep B	8	Administered	12/16/1992	hep B (ped/adol, 3 dose)	
Hep B	9	Administered	03/18/1994	hep B (ped/adol, 3 dose)	
HIB	10	Administered	03/16/1992	HIB - unspecified	
HIB	11	Administered	05/26/1992	HIB - unspecified	
HIB	12	Administered	07/28/1992	HIB - unspecified	
HIB	13	Administered	05/26/1993	HIB - unspecified	
Meningococcal	14	Administered	04/07/2009	MCV4	
MMR	15	Administered	05/26/1993	MMR	
MMR	16	Administered	02/28/1996	MMR	
Polio	17	Administered	03/16/1992	OPV	
Polio	18	Administered	05/26/1992	OPV	
Polio	19	Administered	05/26/1993	OPV	
Polio	20	Administered	02/28/1996	OPV	
Polio	21	Administered	04/01/2013	polio, inactivated (IPV)	
Tdap	22	Administered	04/07/2009	Tdap (Adacel )	
Typhoid	23	Administered	06/01/2012	Typhoid, parenteral	
Yellow fever	24	Administered	04/01/2013	Yellow fever	



Patient: Marcus Kitchens  
 Date of Birth: [REDACTED]  
 Date: 01/31/2023 1:06 PM  
 Present for: Chart Update

#### Active Medications

##### Medications prescribed prior to this visit

Medication	RX elsewhere	Directions
loperamide 2 mg capsule	Y	take 2 capsule by oral route after 1st loose stool, followed by 1 capsule after each subsequent loose stool not to exceed 16 mg/day
ondansetron 4 mg disintegrating tablet	Y	take 1 tablet by oral route every 6 hours for 2 days and place on top of the tongue where it will dissolve, then swallow



PATIENT: Marcus Kitchens  
 DATE OF BIRTH: [REDACTED]  
 DATE: 05/25/2018 04:18 PM  
 HISTORIAN: self  
 VISIT TYPE: Office Visit  
 PROVIDER: Vicki Hackman, MD

This 26 year old male presents for discuss service dog.

### History of Present Illness:

1. discuss service dog  
 back from Poland 5/11/2018  
 GGM passed so back a little early;  
 going back in the fall;  
 moving to chicago

had vomiting and diarrhea and seen in ER SJB;  
 6 episodes of vomiting;  
 given IV fluids  
 was Wednesday;  
 completely back to himself;  
 got to get more rest;

says his stress level has always been bad  
 getting ready to move to northern illinois;  
 dogs he has  
 Brandy is emotional service animal  
 Lexie is certified 11/15/2018  
 neither could go to Poland due to travel;

stayed here with his wife; now they are moving; ;

has paperwork  
 stress level always peaks; and making himself sick  
 was seeing colleen when he was in college here;  
 not taking any antidepressants  
 says he should still be on adderall; I sent him to lexington for evaluation;  
 has not been on it for awhile  
 taking some OTC medication bid that is to help with concentration;

has appt tuesday with cardiologists ;

Kitchens, Marcus Z. 000000056088 [REDACTED] 05/25/2018 04:18 PM 1/4

had been having palpitations and wore a holter

#### SOCIAL HISTORY (Detailed)

Tobacco use reviewed.

Preferred language is \*English.

#### EDUCATION/EMPLOYMENT/OCCUPATION

Employment	History	Status	Retired	Restrictions
	Store manager 1 y			

#### MARITAL STATUS/FAMILY/SOCIAL SUPPORT

Currently single.

#### ALCOHOL

There is no history of alcohol use.

#### TOBACCO

Smoking status: Never smoker.

Use Status	Type	Smoking Status	Usage Per Day	Years Used	Total Pack Years
no/never		Never smoker			

#### Allergies

No known allergies.

Ingredient	Reaction	Medication Name	Comment
NO KNOWN			

ALLERGIES

Reviewed, no changes.

#### VITAL SIGNS

##### HEIGHT

Time	ft	in	cm	Last Measured	Height Position	%
4:38 PM	5.0	11.00	180.34	05/25/2018	0	

##### WEIGHT/BSA/BMI

Time	lb	oz	kg	Context	Weight %	BMI kg/m2	BMI %	BSA m2
4:38 PM	140.20		63.594	dressed with shoes		19.55	0	

##### BLOOD PRESSURE

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size
4:38 PM	118/82	sitting	right	arm	manual	adult

##### TEMPERATURE/PULSE/RESPIRATION

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/ min
4:38 PM	97.80	36.56	oral	75		18

Kitchens, Markcus Z. 000000056088 05/25/2018 04:18 PM 2/4

MK000013

## PULSE OXIMETRY/FIO2

Time	Pulse Ox (Rest %)	Pulse Ox (Amb %)	O2 Sat	O2 L/Min	Timing	FiO2 %	L/min	Delivery Method	Finger Probe
4:38 PM	99								

## MEASURED BY

Time	Measured by
4:38 PM	Hazel Bray, CMA

## Physical Exam

Exam	Findings	Details
General Exam	Comments	tall thin in NAD
Psychiatric	Normal	Orientation - Oriented to time, place, person & situation. Appropriate mood and affect.

## Completed Orders (this encounter)

Order	Details	Reason	Side	Interpretation	Result	Initial Treatment Date	Region
PHQ-9 completed				Mild depression	7		

## Assessment/Plan

#	Detail Type	Description
1.	Assessment	Attention-deficit hyperactivity disorder, unspecified type (F90.9).
	Plan Orders	Referrals: Mental Health Counselor. Evaluate and treat.
2.	Assessment	Anxiety (F41.9).
3.	Other Orders	Orders not associated to today's assessments.
	Plan Orders	The patient had the following procedure(s) completed today PHQ-9 completed..

Status	Ordered	Order	Timeframe	actComments
ordered	05/25/2018	Referrals: Mental Health Counselor. Evaluate and treat		please evaluate and give opinion about the need for emotional service dogs;

## Medications (Added, Continued or Stopped this visit)

Started	Medication	Directions	Instruction	Stopped
	loperamide 2 mg capsule	take 2 capsule by oral route after 1st loose stool, followed by 1 capsule after each subsequent loose stool not to exceed 16 mg/day		
	ondansetron 4 mg disintegrating tablet	take 1 tablet by oral route every 6 hours for 2 days and place on top of the tongue where it will dissolve, then		

Provider: Vicki Hackman MD 05/25/2018 05:05 PM

Vicki L. Hackman MD.

Document generated by: Vicki Hackman 05/25/2018 05:05 PM

Electronically signed by Vicki Hackman MD on 05/27/2018 12:11 PM



PATIENT: Marcus Kitchens  
 DATE OF BIRTH: [REDACTED]  
 DATE: 07/26/2017 09:21 AM  
 HISTORIAN: self  
 VISIT TYPE: Office Visit  
 PROVIDER: Vicki Hackman, MD

This 25 year old male presents for med refill.

### History of Present Illness:

1. med refill  
 last seen 2/2016;  
 finished 1st year of med school; working with daniel lee in richond and leaves in september to go back; has 1 more year there at basic science and 2 y of clinical ;  
 on adderal since 2014;  
 says he was focusing better on adderall;

### Allergies

No known allergies.

Ingredient	Reaction	Medication Name	Comment
NO KNOWN ALLERGIES			
Reviewed, no changes.			

### VITAL SIGNS

Time	BP mm/Hg	Pulse /min	Resp /min	Temp F	Ht ft	Ht in	Ht cm	Wt lb	Wt oz	Wt kg	Weight %	BMI kg/m2	BMI %	BSA m2	O2 Sat%
9:30 AM	100/62	73	18	97.50	5.0	11.00	180.3	140.00		63.503		19.53	0		98

4

### MEASURED BY

Time	Measured by
9:30 AM	Hazel Bray, CMA

Kitchens, Marcus Z. 000000056088 [REDACTED] 07/26/2017 09:21 AM 1/3

MK000016



**Physical Exam**

Exam	Findings	Details
Psychiatric	Normal	Orientation - Oriented to time, place, person & situation. Appropriate mood and affect.

**Assessment/Plan**

#	Detail Type	Description
1.	Assessment	Attention and concentration deficit (R41.840).
	Provider Plan	is asking me to write an rx for adderall; he is leaving for poland in september; He says poland does not prescribe adderall for ADHD but was told if he had an MD here to write a letter, he could get it there. I told him I could not do that but I could refer him to a specialist for evaluation and get their opinion about him needing the medication. He was not happy with this; says he was seeing colleen and then Dr David was writing his rx and he brought in a bottle dated 2016 as last rx.
	Plan Orders	Referrals: Psychiatry. Evaluate and treat.

Status	Ordered	Order	Timeframe	actComments
ordered	07/26/2017	Referrals: Psychiatry. Evaluate and treat		needs evaluated for ADHD; is going overseas in september and has been on adderall in past; please evaluate ; needs recommendations and treatment

Provider: Vicki Hackman MD 07/26/2017 10:00 AM

Vicki L. Hackman MD.

Document generated by: Vicki Hackman 07/26/2017 10:00 AM

Kitchens, Marcus Z. 000000056088 [REDACTED] 07/26/2017 09:21 AM 2/3

MK000017

Electronically signed by Vicki Hackman MD on 07/26/2017 12:59 PM



PATIENT: Marcus Kitchens  
 DATE OF BIRTH: [REDACTED]  
 DATE: 02/15/2016 09:24 AM  
 HISTORIAN: self  
 VISIT TYPE: Office Visit  
 PROVIDER: Vicki Hackman, MD

This 24 year old male presents for School PE and ROS.

### History of Present Illness:

1. School PE  
 sayshe is here for medical school physical; was here 2014 for same thing with colleen ambrose

going to Hope Medial,  
 going to study abroad Medical school in Poland  
 lives in berea;  
 finished college 2014.

reviewed forms with patinet;  
 recently had PPD but not in the past; always negative PPD:

2. ROS

### PAST MEDICAL/SURGICAL HISTORY (Detailed)

Disease/disorder	Onset Date	Management	Date	Comments
ADD				
wisdom teeth removal				

### Family History (Detailed)

Patient reports there is no relevant family history.

### SOCIAL HISTORY (Detailed)

Tobacco use reviewed.

Preferred language is \*English.

Kitchens, Marcus Z. 000000056088 [REDACTED] 02/15/2016 09:24 AM 1/4

MK000019

## EDUCATION/EMPLOYMENT/OCCUPATION

The patient has a(n) college education.

<b>Employment</b>	<b>History</b>	<b>Status</b>	<b>Retired</b>	<b>Restrictions</b>
	Store manager 1 y			

## MARITAL STATUS/FAMILY/SOCIAL SUPPORT

Currently single.

## ALCOHOL

There is no history of alcohol use.

**Social History:**

Tobacco use reviewed.

Reviewed, no changes. Last detailed document date: 02/15/2016.

**Allergies**

No known allergies.

<b>Ingredient</b>	<b>Reaction</b>	<b>Medication Name</b>	<b>Comment</b>
NO KNOWN			
ALLERGIES			
Reviewed, no changes.			

## VITAL SIGNS

Time	BP mm/Hg	Pulse /min	Resp /min	Temp F	Ht ft	Ht in	Ht cm	Wt lb	Wt kg	Weight %	BMI kg/m2	BMI %	BSA m2	O2 Sat%
9:29 AM	96/54	66	12	97.70	5.0	11.00	180.34	139.00	63.049		19.39	0		98

<b>Source</b>	<b>Oxygen</b>	<b>O2 Ambient</b>	<b>Measured</b>
RA			

## MEASURED BY

<b>Time</b>	<b>Measured by</b>
9:29 AM	Linda Mills, CMA

## Physical Exam

Exam	Findings	Details
Ears	*	Canal - Right: excess cerumen, Left: excess cerumen.
Ears	Normal	Inspection - Right: Normal, Left: Normal.
Nasopharynx	Normal	Lips/teeth/gums - Normal. Oropharynx - Normal.
Neck Exam	Normal	Inspection - Normal. Palpation - Normal. Thyroid gland - Normal.
Lymph Detail	Normal	No cervical or supraclavicular adenopathy.
Respiratory	Normal	Inspection - Normal. Auscultation - Normal. Effort - Normal.
Cardiovascular	Normal	Regular rate and rhythm. No murmurs, gallops, or rubs.
Abdomen	Normal	Inspection - Normal. Auscultation - Normal. No abdominal tenderness. No hepatic enlargement.
Musculoskeletal	Normal	Visual overview of all four extremities is normal.
Extremity	Normal	No edema.
Neurological	Normal	Memory - Normal. Cranial nerves - Cranial nerves II through XII grossly intact.
Psychiatric	Normal	Orientation - Oriented to time, place, person & situation. Appropriate mood and affect. Normal insight. Normal judgment.

## Immunizations

Immunizations reviewed this visit.

## Assessment/Plan

#	Detail Type	Description
1.	Assessment Plan Orders	Encounter for general adult medical examination without abnormal findings (Z00.00). CBC with Diff to be performed Today, CMP to be performed Today and SED rate, automated to be performed Today.
2.	Assessment Plan Orders	Screening for Hep C (Z11.59). Hep B Surface Ab, Qual (499) to be performed Today, Hep B Surface Ag to be performed Today and Hep C AB W/ Ref to Hep C Virus RNA, Quan, R-T PCR (914388) to be performed Today.
3.	Assessment Plan Orders	Screening for HIV (human immunodeficiency virus) (Z11.4). HIV Ab to be performed Today.
4.	Assessment Plan Orders	Encounter for screening for respiratory tuberculosis (Z11.1). Further diagnostic evaluations ordered today include(s) XRAY, CHEST (2 VIEWS) to be performed.

Status	Ordered	Order	Timeframe	actComments
ordered	02/15/2016	CBC with Diff	Today	
ordered	02/15/2016	CMP	Today	
ordered	02/15/2016	SED rate, automated	Today	
ordered	02/15/2016	XRAY, CHEST (2 VIEWS)		
ordered	02/15/2016	HIV Ab	Today	
ordered	02/15/2016	Hep C AB W/ Ref to Hep C Virus RNA,	Today	

Quan, R-T PCR (914388)

ordered	02/15/2016	Hep B Surface Ab, Qual (499)	Today
ordered	02/15/2016	Hep B Surface Ag	Today

**Medications (Added, Continued or Stopped this visit)**

Started	Medication	Directions	Instruction	Stopped
	Adderall 20 mg tablet	take 1 tablet by oral route every day before breakfast		02/15/2016

Provider: Vicki Hackman MD 02/15/2016 10:10 AM

Document generated by: Vicki Hackman 02/15/2016 10:10 AM

Electronically signed by Vicki Hackman MD on 02/15/2016 09:11 PM




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PATIENT: Markcus Kitchen  
 DATE OF BIRTH: [REDACTED]  
 DATE: 07/08/2014 1:07 PM  
 HISTORIAN: self  
 VISIT TYPE: Office Visit  
 PROVIDER: Colleen Ambrose APRN

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**Chief Complaint**

1. physical

**History of Present Illness**

This 22 year old male presents with:

**1. physical**

Mr. Kitchen presents today for a PE clearance to attend medical school. His PMH consists of ADD which is treated by meds. only surgery has been removal of his wisdom teeth.

He is otherwise healthy.

**Past Medical/Surgical History**

<u>Condition</u>	<u>Year</u>	<u>Procedure/Surgery</u>	<u>Year</u>
ADD			
wisdom teeth removal			

**Family History**

Patient reports there is no relevant family history.

**Social History**

Primary language is \*English.

**Marital Status / Family / Social Support:**

Currently single.

**Tobacco:**

Smoking status: Never smoker.

<u>Use Status</u>	<u>Total Pk Yrs</u>	<u>Type</u>	<u>Per Day</u>	<u>Years Used</u>	<u>Pack Years</u>	<u>Year Quit</u>
never						

<u>Tried To Quit</u>	<u>Longest Tob Free</u>	<u>Relapse Reason</u>	<u>Passive Exposure</u>

**Alcohol:**

There is no history of alcohol use.

**Social History**

Reviewed, no changes. Last detailed document date: 07/08/2014.

**Allergies**

No known allergies.

Reviewed. No changes.

MK000023

**Review of Systems****Constitutional:**

Negative for fever, night sweats, weight gain and weight loss.

**HEENT:**

Negative for hearing loss and sore throat.

Negative for eye pain and vision changes.

**Respiratory:**

Negative for chronic cough, cough and known TB exposure.

**Cardiovascular:**

Negative for chest pain and edema.

**Gastrointestinal:**

Negative for abdominal pain, blood in stool, change in stool pattern, constipation, nausea and vomiting.

**Genitourinary:**

Negative for dysuria.

**Neuro/Psychiatric:**

Negative for anxiety and depression.

Negative for extremity weakness, memory impairment, numbness in extremities and seizures.

**Musculoskeletal:**

Negative for back pain, joint pain and muscle weakness.

**Hematology:**

Negative for easy bleeding.

**Immunology:**

Positive for:

- Seasonal allergies.

**Vital Signs**

<u>Ht Ft</u>	<u>Ht In</u>	<u>Wt Lb</u>	<u>Wt Oz</u>	<u>Wt Kg</u>	<u>BMI kg/m2</u>	<u>BMI%</u>
5.0	11.00	135.00		61.235	18.83	

<u>BP mm/Hg</u>	<u>Pulse/min</u>	<u>Resp/min</u>	<u>Temp F</u>	<u>Head Circ In</u>
104/74	82	12	98.8	

<u>Pulse Ox Rest %</u>	<u>Pulse Ox Amb %</u>	<u>O2 LPM</u>	<u>BSA m2</u>
99			

**Measured By****Time**

1:14 PM Regina Cox, CMA

**Physical Exam****Constitutional:**

Well developed.

**Eyes:****Right**

PERRLA.

**Left**

PERRLA.

**Ears:****Right**

Normal tympanic membrane. Hearing grossly intact.

**Left**



Normal tympanic membrane. Hearing grossly intact.

**Nose / Mouth / Throat:**

External Nose: is unremarkable

Lips/Teeth/Gums: Normal teeth and gums

Tonsils: No tonsillar hypertrophy or exudates

Oropharynx: No pharyngeal erythema or exudates or mucosal lesion

**Neck / Thyroid:**

No thyromegaly or thyroid nodules detected.

**Respiratory:**

Lungs clear to auscultation.

**Cardiovascular:**

Extra Sounds: None.

Rate and Rhythm: Heart rate is regular. Rhythm is regular.

No edema is present.

**Vascular:**

Pulses

Dorsalis pedis pulses: normal. Capillary refill is: less than 2 seconds.

Varicosities are absent

**Abdomen:**

There is no abdominal tenderness.

No hepatic enlargement.

No splenic enlargement.

**Integumentary:**

No impressive skin lesions present.

**Musculoskeletal:**

Normal range of motion, muscle strength, and stability in all extremities with no pain on inspection

**Extremities:**

Dorsalis pedis pulses: normal.

Monofilament exam is normal.

No edema is present.

No ulceration present.

No cyanosis.

No calf tenderness. Varicosities are absent

Toenails: Normal.

**Neurological:**

Memory: Intact .

Cranial nerves: grossly intact

Sensory: No sensory loss .

Deep Tendon Reflexes: DTR's preserved and symmetric .

**Psychiatric:**

The patient is oriented to time, place, person, and situation.

The patient demonstrates the appropriate mood and affect.

**Assessment/ Plan**

**Well adult exam (V70.0)**

Comments:

Advise him to get PPD placed as we cannot find one. He can contact his school and see if they need one. He has a negative TB risk assessment..He will call his school to see if they need a TB skin test

**ADD (attention deficit disorder) (314.00)**

advised he will have to find a local provider to treat his ADD there.

**Medications (added, continued or stopped this visit)**

**Continued:**

**Prescribed Elsewhere:**

Medication Name

Reason

Adderall 20 mg tablet

take 1 tablet by oral route every day before breakfast

MK000025

**Provider: Colleen Ambrose APRN 07/09/2014 2:21 PM**

**Document generated by: Colleen Ambrose 07/09/2014 2:21 PM**

305 Estill Street  
Berea, KY 404031742  
(859)985-1415

Electronically signed by Colleen Ambrose APRN on 07/10/2014 11:10 AM

MK000026